



WASHINGTON STATE DEPARTMENT OF
Natural Resources
Peter Goldmark - Commissioner of Public Lands

Derelict Vessel Removal Project Application for Reimbursement

Return your completed form to:
Washington State Department of Natural Resources | Derelict Vessel Removal Program
1111 Washington St. SE, MS 47027
Olympia, WA 98504-7027
Phone: 360-902-1574 - Fax: 360-902-1786 - DVRP@dnr.wa.gov

http://bit.ly/dnr_dvrp

Part I—General Information	
Date: _____	Derelict Vessel ID#: _____
Vessel Reporting Form Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Public Entity Type: <input type="checkbox"/> County <input type="checkbox"/> DNR <input type="checkbox"/> City <input type="checkbox"/> State Parks <input type="checkbox"/> Town <input type="checkbox"/> WDFW <input type="checkbox"/> Metro Park District <input type="checkbox"/> Port District	Cost of Project: 1) Total Cost: \$ _____ 2) Eligible for reimbursement: \$ _____ 3) Cost Recovery (see Part III): \$ _____ 4) Public/Private Contributions: \$ _____ Total Requested*: \$ _____ <i>*Total requested = (2 – 3 – 4) x 90%</i>
Authorized Public Entity Information: Name _____ Department _____ Address _____ _____ _____	Project Period: _____ Project Location: _____ Contact Person: _____ Contact Phone: _____ Email Address: _____
Registered Vessel Owner: Name _____ Address _____ _____ Phone # _____	Legal Vessel Owner/Mortgage Holder/Lien Holder (if any): Name _____ Address _____ _____ Phone # _____

[illegible]

Part III—Cost Recovery	
Source	Amount
Owner of abandoned or derelict vessel	\$
Proceeds from the sale of the vessel or its parts	\$
Derelict Vessel Remedial Action Grant Program	\$
Total Cost Recovery	\$

Part IV—Additional Information		
<p>Check appropriate box:</p> <p>Has the vessel owner been found to be unable to pay?</p> <p>1) A financial check was conducted, indicating the owner is insolvent. (Please attach a copy of the paperwork.)</p> <p>2) The owner was invoiced for the full cost of the removal (and disposal), and did not pay within 30 days. (Please attach a copy of the invoice.)</p> <p>3) There is no identifiable owner (no vessel ID numbers).</p> <p>4) Other (Please explain.)</p>	<p>Yes <input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
What is the funding priority of this vessel?		
What is the Authorized Public Entity's Federal Tax ID Number (FTIN)?		
What is the Authorized Public Entity's Unified Business Identifier (UBI)?		
Contractor retained to complete the work (if applicable):		
Explain what contact was made or attempted with the owner?		

Part V—Certification and Agreement		
The Authorized Public Entity identified on this application has read and followed all procedures described in Chapter 79.100 RCW and the DVRP Guidelines or, when appropriate, Chapter 53.08.320 RCW.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorized Public Entity or its contractor conducted all work in connection with vessel salvage and disposal operations in accordance with all federal, state and local laws, rules and regulations, including the state solid waste disposal and hazardous waste management provisions provided for in Chapters 70.95 RCW and 70.105 RCW.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorized Public Entity or its contractor acquired all necessary permits/rights of entry.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If reimbursed from the Derelict Vessel Removal Account, the Authorized Public Entity certifies that it will reinstate funds to the Account should the vessel's previous owner subsequently pay costs owing for the removal (and disposal) operations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The undersigned representative certifies that the information submitted herewith is true and correct to the best of his/her knowledge and belief, and he/she is authorized to sign and submit this application on behalf of the Authorized Public Entity described in Part I of this application.		
Signature of Authorized Representative of Authorized Public Entity	Name and Title	
Date	Phone Number	

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

Part I—General Information

- Date: Enter the date application completed.
- Derelict vessel ID#: Enter the ID# assigned to this vessel after it was reported. If the vessel has not been reported, enter “Not yet reported.” A Derelict Vessel Reporting Form must be submitted as soon as possible. The Application for Reimbursement will not be processed until the form is received.
- Vessel Reporting Form Submitted: Check “yes” if a Derelict Vessel Reporting Form has been submitted.
- Photo Available: Check yes or no if a photo of the vessel is available. Attach if available.
- Authorized Public Entity Type: Check the box that represents the type of Authorized Public Entity requesting the reimbursement.
- Cost of Project:
 - 1) Enter the total cost of the project.
 - 2) Enter the costs eligible to be considered for reimbursement. (See Section 6.6.7 of the Program Guidelines.)
 - 3) Enter the amount of funds recovered. (See Part III.)
 - 4) Enter any public or private contributions received to complete the removal of the vessel.

Total: Enter the total requested funds by subtracting the amount of cost recovery and the amount of private contributions received from the costs eligible for reimbursement, then multiplying the result by 90%.
- Authorized Public Entity Name/Department/Address: Self explanatory.
- Project Period: The project period consists of the project start date to its end date. Project start date is the date the initial notification of intent to obtain custody of the vessel is posted on the vessel. The end date is the estimated date of completion of the project to include disposal of the vessel.
- Project Location: Enter the general location of the project.
- Contact Person: Enter the name of the person acting as the Authorized Public Entity’s representative for the project.
- Phone and Email Address: Enter the contact’s phone number(s) and email address.
- Registered Vessel Owner: Fill in the name, address and phone number of the registered owner of the vessel, if known. If unknown, state “unknown.”
- Legal Vessel Owner/Mortgage Holder/Lien Holder (if any): Fill in the name, address and phone number of the legal owner of the vessel, if known. If unknown, state “unknown.”

Part II—Itemized Costs

- For each identifiable task or work item, enter its cost and when delivery or completion of the task or work item is anticipated. Add up the cost of all items and put total in the last row. Please attach appropriate paperwork to support these itemized costs.

Part III—Cost Recovery

- Owner of abandoned or derelict vessel: Enter the amount recovered from the owner of the vessel.
- Proceeds from the sale of the vessel or its parts: Enter any money derived from the sale of the vessel in whole or in part.
- Derelict Vessel Remedial Action Grant Program: Enter any funds received from the Department of Ecology’s Derelict Vessel Remedial Action Grant Program.

Part IV—Additional Information

- Has the vessel owner been found to be unable to pay: If the owner of the vessel is known and can be located, you must show that the owner is insolvent before reimbursement can be made for the removal of the vessel. Answering “no” to this question will delay reimbursement. Check the appropriate box to illustrate how the owner was proven to be insolvent, and attach copies of relevant paperwork.
- What is the funding priority of this vessel: Enter the funding priority for this vessel. The priority rating was provided to you after submission of the Derelict Vessel Reporting Form. If the vessel has not been reported, it will not have a funding priority. If it has been reported, and you do not know its priority, contact the DVRP Program Manager.
- What is the Authorized Public Entity's Federal Tax ID Number (FTIN): Enter the federal tax ID number.
- What is the Authorized Public Entity's Unified Business Identifier (UBI): Enter the unified business identifier number.
- Contractor retained to conduct the work (if applicable): If a contractor conducted the removal (and disposal) operations, enter the name of the contractor here.

Part V—Certification and Agreement

- Authorized Public Entity has read and understands RCW 79.100, RCW 53.08 and the Derelict Vessel Removal Program Guidelines: Check “yes” if RCW 79.100 or RCW 53.08 and the program guidelines have been read and understood. The statutes and guidelines may be obtained from the program website at:

http://www.dnr.wa.gov/RecreationEducation/Topics/DerelictVessels/Pages/aqr_derelict_vessel_removal_program.aspx

or by contacting the DVRP Program Manager at the address and phone number shown on the first page of this application.

- Have all procedures in RCW 79.100.040 or RCW 53.08.320 been completed: These RCWs outline the procedures for taking custody of an abandoned or derelict vessel. If custody has not been obtained, include the scheduled completion of those procedures.
- Vessel salvage and disposal operations were carried out in accordance with all relevant laws: Check “yes” if all laws, rules and regulations were met, including acquisition of all relevant permits. The solid waste disposal and hazardous waste management statutes can be found at the following websites:

<http://apps.leg.wa.gov/RCW/default.aspx?cite=70.95>

<http://apps.leg.wa.gov/RCW/default.aspx?cite=70.105>

- Authorized Public Entity or its contractor acquired all necessary permits: Check “yes” if all permits and rights of entry were acquired.
- If reimbursed, the Authorized Public Entity certifies it will return funds to the Derelict Vessel Removal Account if the vessel's previous owner subsequently pays costs owing: Please certify.
- Signature: An authorized representative of the Authorized Public Entity must complete this section. Provide contact details.